Place label here or print

1NPR Wisconsin income tax Nonresident and part-year resident

	For the year Januar	y i – Decem	ber 31, 2000, or other	tax year beginning		, 2000, ending	, 20	
Your last name		First nam	e and middle initial	Social security number		If you want \$1 to go	aign	
If a	joint return, spouse's last name	First nam	e and middle initial	Social security number		Fund, check box(es). Your spouse		
						Checking the above box(es) won't change your tax or refund.	
Hor	me address (number and street)			School district nu			n name of Wisconsin city, village,	
				(see page 32)		which you lived at the end of 2000 in (nonresidents leave blank).	
City	y or post office	State	Zip code			City 1	,	
						Village		
	ing status Single					Town		
	eck only box) Married filing joint retur	n (even if on	ly one had income)			County of		
		return. Fill in	spouse's full name ar	nd social security number	 			
	Head of household (wit	th qualifying	oerson). Fill in qualifyii	ng person's name 🕨				
Pο	sident Full-year resident of W							
	tuo — I dii yedi lesident oi vvi					(-4-4-)		
(che				to.		(state) (month/day) NOTE	If you obonged your	
triat						idence questionnaire on		
Ind	come				_	A. Federal column	B. Wisconsin column	
1	Wages, salaries, tips, etc. (see in	structions	, page 8)					
2	Interest income (see instructions,	, page 8)			2_			
3	Ordinary dividend income (see in	structions	page 9)		3 _			
4	Taxable refunds, credits, or offse	ts of state	and local income	taxes (from federal				
	Form 1040, line 10)				4 _		Not taxable	
5	Alimony received (from federal Fe	orm 1040,	line 11)		5 _			
6	Business income or (loss) (from f	federal Fo	m 1040, line 12).		6 _			
7	Capital gain or (loss) (see instruc	tions, pag	e 9)		7 _			
8	Other gains or (losses) (from fed	eral Form	1040, line 14)		8 _			
9	IRA distributions (see instructions	s, page 10)		9 _			
10	Pensions and annuities (see instr	ructions, p	age 10)		10 _			
11	Rental real estate, royalties, part	nerships, S	corporations, tru	sts, etc.				
	(from federal Form 1040, line 17)							
12	Farm income or (loss) (from fede	ral Form 1	040, line 18)		(12) _			
13	Unemployment compensation (se							
14	Social security benefits (see instr	uctions, pa	age 12)		14 _			
15	Other income (see instructions, p							
	Add lines 1 through 15				16 _			
	ljustments to Income							
17	IRA deduction (see instructions,							
18	,							
19	Medical savings account deduction							
20	Moving expenses (see instruction							
21	One-half of self-employment tax							
22	Self-employed health insurance of							
23	Self-employed SEP, SIMPLE, and	-						
24	Penalty on early withdrawal of sa							
25	Alimony paid (from federal Form							
26	Other adjustments included in fed							
27	Total adjustments to income. Add	d lines 17 t	hrough 26		27			
	djusted Gross Income	46 :	5 T · · ·	A.C	0.0			
28	Subtract line 27, column B from lin				=-			
29	Subtract line 27, column A from lin		-		29			
30	Divide line 28 by line 29. Carry th		•					
	on line 28 is more than the amou		•					
	page 19.)				30			

PAPER CLIP check or money order here

N	Name(s) as shown on Form 1NPR	our social security number
_		ii
T	ax Computation	
3	1 Fill in Wisconsin income from line 28, column B	31
3	2 Fill in federal income from line 29, column A	_
3	3a If you can be claimed as a dependent on anyone else's return, check this box	
	(also see "Exception" in instructions for line 33e on page 19)	33a
3	3b Aliens (see page 19 to determine if you must check this box)	
	3c Find the standard deduction for amount on line 32 using table on page 31 33c	
	3d Fill in ratio from line 30	
	3e Multiply line 33c by ratio on line 33d. This is your Wisconsin standard deduction	
	4 Subtract line 33e from line 31. If line 33e is larger than line 31, fill in -0	
e	5a Deduction for exemptions (from line 6 of Exemption Worksheet, page 19)	
	5b Number of dependents (from line 5a of Exemption Worksheet, page 19)	
	5c If you (or your spouse if filing jointly) were age 65 or over, check here	
	5d Fill in ratio from line 30	
	5e Multiply line 35a by ratio on line 35d. This is your deduction for exemptions	
3	g , , , , , , , , , , , , , , , , , , ,	
3		
N 3 ₩ 3	8 Wisconsin itemized deduction credit. Attached Schedule 2 (page 4 of Form 1NPR) 38	_
₩ → 3	9 School property tax credit (Part-year and full-year residents only)	
	a. Renters:	
	Rent paid in 2000 – heat included Find credit from	
	Rent paid in 2000 – heat not included table, page 21 ▶ 39a	
	b. Homeowners: Find credit from	
	Property taxes paid on home in 2000 table, page 22 39b	
4	0a Add lines 38, 39a, and 39b	
	0b Fill in ratio from line 30	
	0c Multiply line 40a by ratio on line 40b	_
N 4 e ₩ → 4		_
4		
4	•	
4		
4		
4		46
4	,	
4		
4		
5	0 Subtract line 49 from line 46. If line 49 is more than line 46, fill in -0 This is your net tax	50
N 5	1 Sales and use tax due on out-of-state purchases (see instructions, page 23)	51
N 5 ₩ → 5	2 Recycling surcharge. Attach Schedule RS	52
5	3 Endangered resources donation (decreases refund or increases amount owed)	53
5	4 Penalties on IRAs, other retirement plans, MSAs, etc. (see instructions, page 24) • x .33	= 54
5		
P	Payments and Credits	
5		
5		_
5	()	
_	Number of qualifying children Federal credit x% = 58	_
5		
	residents only)	_
6		_
6	, , , , , , , , , , , , , , , , , , , ,	_
6		
	Fill in property taxes on farmland x .11 = 62	_
6	3 Add lines 56 through 62	63

- Nonresident and part-year resident – 2000	Page 3 of
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1NPR – Nonresident	and part-year resident – 2000				Page
Name(s) as shown of	on Form 1NPR			Your social secur	ity number
Refund or A	mount You Owe				
		e 55 from line 63 This is the			
		O YOU			
		JR 2001 ESTIMATED TAX			
67 If line 63 is le		63 from line 55 This		OWE 67	
67 If line 63 is le 68 Underpayme	nt interest. Also include on lin	e 67	. 68	<u>. </u>	
		r federal income tax return a al Residence Questionnaire, if			ns.)
Sign here					-
Your signature	Under penalties of law, I declare to	hat this return and all attachments are true, Spouse's signature (if filing join		e best of my knowledge Date	ge and belief.
rour signature		opouse s signature (ii iiiiiig join	ary, DOTTT mast sign)	Date	
Mail your return to:	Wisconsin Department of Re		For Department Use Only R M Y T	MAN D A P C	
	(if tax is due) PO Box 268	(if refund or no tax due) PO Box 59			
	Madison WI 53790-0001	Madison WI 53785-0001			
	madicon vii corco coci	Madison VII sores ess.			
4. Fill in amour5. Fill in the sm6. Multiply line	nt from Form 1NPR, line 36 naller of line 3 or line 4 5 by 4.73% (.0473). Round	the result to the nearest cent	4	·	
		s zero, skip lines 8 through 20 and			
8. If your filing					
	nead of household, fill in \$7	,800			
	ing joint return, fill in \$10,39				
		5,190	8	<u>. </u>	
9. Fill in the rat	io from line 2 above		9. <u>X .</u>		
10. Multiply line	8 by line 9		10	<u>. </u>	
		d the result to the nearest cent			
I3. Subtract line	11 from line 7. If the result	is zero, skip lines 14 through 20			
			13.		
14. If your filing					
	nead of household, fill in \$1	01.300			
-	ing joint return, fill in \$135,0				
		67,540	14.		
		d the result to the nearest cent			
				10	
	17 from line 13. If the resu	it is zero, skip line 20 and	10		
-		d the result to the nearest cent		· 20	
a ivillitibly line.	19 DV D / 5% (UD/5) ROUN	o the result to the nearest cent		/()	

Nan	ne(s) as shown on Form 1NPR	Your social	securi	y number
Sc	hedule 2 – Wisconsin Itemized Deduction Credit (see line 38 instructions)			
1	Medical and dental expenses from line 4, federal Schedule A. See instructions for exceptions	s <u> </u>]	
	Interest paid from line 14, federal Schedule A. Do not include interest paid on a second home located outside Wisconsin or on a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities			
3.	Gifts to charity from line 18, federal Schedule A. See instructions for exceptions	3		
4.	Add lines 1 through 3	4]	
5.	Wisconsin standard deduction from Form 1NPR, line 33e	5		
6.	Subtract line 5 from line 4. If line 5 is more than line 4, fill in -0	6		
7.	Rate of credit is .05 (5%)	7		X .05
8.	Multiply line 6 by line 7. Fill in here and on line 38 of Form 1NPR	8		
	consin.) When completing this schedule, be sure to fill in your Wisconsin income in column (consin income in column (B).	A) and yo	our sp	ouse's
	(A) YOURSE	LF	(B) Y	OUR SPOUSE
1.	Wages, salaries, tips, etc., included in column B of line 1 on Form 1NPR	<u>. </u>		
2.	Net profit or loss from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income, which is included in column B on Form 1NPR	<u>. </u>		
3.	Combine lines 1 and 2. This is your total Wisconsin earned income . 3			
4.	Add amounts on Form 1NPR, lines 17, 23, and 26, column B. Fill in the total of these adjustments that apply to your or your spouse's income 4	<u> </u>		
5.	Subtract line 4 from line 3. This is your Wisconsin qualified earned income	<u> </u>		
6.	Compare the amount in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000 6			
7.	Rate of credit is .0275 (2.75%)		X .02	<u>75</u>
8.	Multiply line 6 by line 7. Fill in here and on line 47 of Form 1NPR. Do not fill in more than \$440			